

<b>LLC-5</b>	<b>Application to Register a Foreign Limited Liability Company (LLC)</b>
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To register an LLC from another state or country in California, fill out this form, and submit for filing along with:

- A \$70 filing fee,
- A certificate of good standing from the agency where your LLC was formed originally, and
- A separate, non-refundable \$15 service fee, if you drop off the completed form.

**Important!** LLCs in California may have to pay a minimum \$800 yearly tax to the Franchise Tax Board.

LLCs that provide professional services cannot register in California.

201126710233

**FILED** AG 104  
in the office of the Secretary of State  
of the State of California  
  
SEP 06 2011

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For questions about this form, go to [www.sos.ca.gov/business/be/filing-tips.htm](http://www.sos.ca.gov/business/be/filing-tips.htm)

① **Name to be used for this LLC in California**

SYNTHESIS FILMS LLC  
proposed LLC name

The name must end with: "LLC," "L.L.C.," "Limited Liability Company," "Limited Liability Co.," "Ltd. Liability Co.," or "Ltd. Liability Company;" and may not include: "bank," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp.," "insurer," or "insurance company."

② **LLC History**

a. If the proposed LLC name you listed above is different than the LLC name you use now (as listed on your certificate of good standing), list the complete LLC name used now:

b. Date your LLC was formed (MM, DD, YYYY): 01/13/2006

c. State or country where your LLC was formed: NEW YORK

d. Your LLC currently has powers and privileges to conduct business in the state or country listed above.

③ **Service of Process**

List a California resident or a qualified 1505 corporation in California that agrees to be your agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may not list an LLC as your agent. Do not list an address if the agent is a 1505 corporation.

a. Agent's name: LAURA RICCIARDI

b. Agent's address: 1103 S. KENMORE AVE LOS ANGELES CA 90006  
street address (if agent is not a corporation) city (no abbreviations) state zip

If the agent listed above has resigned or cannot be found or served after reasonable attempts, the California Secretary of State will be appointed the agent for service of process for your LLC.

④ **LLC Address**

a. List address for your LLC's headquarters:

1103 S. KENMORE AVE LOS ANGELES CA 90006  
street address city (no abbreviations) state zip

b. List address for your LLC's main office in California, if any:

1103 S. KENMORE AVE LOS ANGELES CA 90006  
street address city (no abbreviations) state zip

⑤ **Read and sign below:**

I declare that I am the person who signed this form, and that I am authorized to do so under the laws of the state or country where this LLC was formed.

*Laura Ricciardi*  
Sign here

LAURA RICCIARDI  
Print your name here

8/31/11  
Date

MEMBER  
Your business title

<p>Make check/money order payable to: <b>Secretary of State</b></p> <p>We can give you up to 2 free certified copies of your filed form if you submit up to 2 completed copies of this form (with all attachments).</p> <p>Corporations Code §§ 17375, 17451, 17452, Revenue and Taxation Code § 17941 LLC-5 (REV 09/2010)</p>	<p style="text-align: center;"><b>By Mail</b></p> <p style="text-align: center;">Secretary of State Business Entities, P.O. Box 944228 Sacramento, CA 94244-2280</p>
	<p style="text-align: center;"><b>Drop-Off</b></p> <p style="text-align: center;">Secretary of State 1500 11th St., 3rd Floor Sacramento, CA 95814</p>

2010 California Secretary of State  
[www.sos.ca.gov/business](http://www.sos.ca.gov/business)



**State of New York**  
**Department of State** } ss:

I hereby certify, that SYNTHESIS FILMS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/13/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 11th day of August two  
thousand and eleven.*

A handwritten signature in black ink, appearing to read "Neil F. ...", is written over a faint circular outline.

*First Deputy Secretary of State*

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**LLC-6** **Amendment to Registration of a Foreign Limited Liability Company (LLC)**

To change the name of record for your registered foreign LLC, fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A certificate by the agency where the LLC was formed, certifying that the name was changed in that state, country or other place, also must be included if that name has changed.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

**Important!** To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to [www.sos.ca.gov/business-programs/business-entities/statements](http://www.sos.ca.gov/business-programs/business-entities/statements).

For questions about this form, go to [www.sos.ca.gov/business-programs/business-entities/filing-tips](http://www.sos.ca.gov/business-programs/business-entities/filing-tips)

① **LLC Name Used In California** (on file with CA Secretary of State)

Synthesis Films LLC

② **LLC File No.** (issued by CA Secretary of State)

201126710233

**New LLC Name to be used for this LLC in California**

③ If changed, list the LLC name now in the state, country or other place of the LLC's formation:  
Chrome Media LLC

LLC Name

④ List an alternate name to be used in California if: (1) the LLC name in Item 3 does not comply with California naming requirements or (2) you only are filing this form to change an existing alternate name. List the alternate name exactly as it is to appear on the records of the California Secretary of State. The alternate name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, Incorporated, Inc., corporation, or corp., insurer, or insurance company. (California Corporations Code section 17701.08.) Go to [www.sos.ca.gov/business-programs/business-entities/name-availability](http://www.sos.ca.gov/business-programs/business-entities/name-availability) for general name requirements & restrictions:

Alternate Name

**Existing Alternate LLC Name**

⑤ Check this box if you completed Item 3 above, and if applicable. If you check this box, do not complete Item 4 above.

☐ This LLC registered in California before January 1, 2014; currently transacts intrastate business in California under the alternate name listed in Item 1 above; and upon this filing, will continue to transact intrastate business in California under the alternate name listed in Item 1 above.

⑥ Check this box if applicable. If you check this box, do not complete Item 4 above. Note: If this LLC registered in California after December 31, 2013, and the LLC name now used in the state, country or other place of the LLC's formation complies with California Corporations Code section 17701.08, you must check this box to relinquish the alternate name.

☐ The alternate name under which this LLC currently transacts intrastate business in California will no longer be used. Upon this filing, this LLC will transact intrastate business in California under the LLC name now used in the state, country or other place of the LLC's formation.

**Read and sign below:**

I am authorized to sign this document under the laws of the state, country or other place where this LLC was formed.

  
Sign here

Molra Demos

Print your name here

Member

Your business title

Make check/money order payable to: Secretary of State

Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail

Secretary of State  
Business Entities, P.O. Box 944228  
Sacramento, CA 94244-2280

Drop-Off

Secretary of State  
1500 11th Street, 3rd Floor  
Sacramento, CA 95814

Corporations Code §§ 17701.08, 17708.05  
LLC-6 (REV 12/2014)

2014 California Secretary of State  
[www.sos.ca.gov/business-programs](http://www.sos.ca.gov/business-programs)

**State of New York  
Department of State } ss:**

*I hereby certify, that SYNTHESIS FILMS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/13/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.*

*A Certificate of Amendment SYNTHESIS FILMS LLC, changing its name to CHROME MEDIA LLC, was filed 06/20/2016.*

*The Biennial Statement is past due.*



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 22nd day of June  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

201606230278 \* 45

201126710233

16-478234



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

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LLC-12

**FILED**  
**Secretary of State**  
**State of California**  
**SEP 26 2016**

**IMPORTANT — Read instructions before completing this form.**

**Filing Fee - \$20.00**

**Copy Fees - Face Page \$1.00 & .50 for each attachment page;**  
**Certification Fee - \$5.00**

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**1. Limited Liability Company Name**  
 CHROME MEDIA LLC

**2. 12-Digit Secretary of State File Number**  
 201126710233

**3. State or Place of Organization (only if formed outside of California)**  
 NEW YORK

**4. Business Addresses**

**a. Street Address of Principal Office - Do not list a P.O. Box**  
 15821 VENTURA BLVD, STE 500

**City (no abbreviations)**  
 ENCINO

**State** CA **Zip Code** 91436

**b. Mailing Address of LLC, if different than Item 4a**

**City (no abbreviations)**

**State** **Zip Code**

**c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box**

**City (no abbreviations)**

**State** CA **Zip Code**

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

**a. First Name, if an individual - Do not complete Item 5b**  
 MOIRA

**Middle Name**

**Last Name**

**Suffix**

DEMOS

**b. Entity Name - Do not complete Item 5a**

**c. Address**  
 15821 VENTURA BLVD, STE 500

**City (no abbreviations)**  
 ENCINO

**State** CA **Zip Code** 91436

**6. Agent for Service of Process**

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

**a. California Agent's First Name (if agent is not a corporation)**  
 TAL

**Middle Name**

**Last Name**

**Suffix**

BENARI

**b. Street Address (if agent is not a corporation) - Do not list a P.O. Box**  
 15821 VENTURA BLVD, STE 500

**City (no abbreviations)**  
 ENCINO

**State** CA **Zip Code** 91436

**c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b**

**7. Type of Business**

**a. Describe the type of business or services of the Limited Liability Company**  
 MOTION PICTURE PRODUCTION

**8. Chief Executive Officer, if elected or appointed**

**a. First Name**  
 MOIRA

**Middle Name**

**Last Name**

**Suffix**

DEMOS

**b. Address**  
 15821 VENTURA BLVD, STE 500

**City (no abbreviations)**  
 ENCINO

**State** CA **Zip Code** 91436

**9. The Information contained herein, including any attachments, is true and correct.**

**Date**  
 9/22/16

**Type or Print Name of Person Completing the Form**  
 MOIRA DEMOS

**Title**  
 CEO

**Signature**

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

**Name:**

**Company:**

**Address:**

**City/State/Zip:**



9-423693



**Secretary of State  
Statement of Information –  
No Change**  
(Limited Liability Company)

LLC-12NC

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**FILED**  
Secretary of State  
State of California

OCT 14 2019

**IMPORTANT** — This form can be filed online at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).  
Read instructions before completing this form. This form may be used  
only if a complete Statement of Information has been filed previously and  
there has been no change.

**Filing Fee** – \$20.00

**Copy Fee** – \$1.00 per copy;  
**Certification Fee** - \$5.00 plus copy fee

*Above Space For Office Use Only*

**1. Limited Liability Company Name** (Enter the **exact** name on file with the California Secretary of State. Note: If you  
registered in California using an alternate name, see Instructions.)

CHROME MEDIA, LLC

**2. 12-Digit Secretary of State Entity (File) Number**

2 0 1 1 2 6 7 1 0 2 3 3

**3. State, Foreign Country or Place of Organization**  
(only if formed outside of California)

NEW YORK

**4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, file the Statement of  
Information online at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).)

*There has been no change in any of the information contained in the  
previous complete Statement of Information filed with the California  
Secretary of State.*

**5. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am  
authorized by California law to sign.**

9/30/19  
Date

MOIRA DEMOS  
Type or Print Name of Person Completing the Form

CEO  
Title

Signature



I hereby certify that the foregoing transcript of 10 page(s) is a full, true and correct copy of the complete record in the custody of the California Secretary of State's office as of this date.

JUL 27 2020

Date:

*Alex Padilla*

ALEX PADILLA, Secretary of State